

Academy Homecare Services Limited

# Academy Homecare Services

## Inspection report

The Striders Centre  
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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service:

Academy Homecare Services is a domiciliary care service based in Kingswinford, a town within the Metropolitan Borough of Dudley. It provides care to people within their own homes, predominantly in the surrounding areas of Kingswinford. The service is operated by the provider, Academy Homecare Services Limited. At the time of the inspection there were 85 people using the service. The majority of those were receiving traditional packages of homecare support but some people were in receipt of reablement support, potentially for a short period of time, as commissioned by the local authority.

People's experience of using this service:

- The service continued to be good in all areas and this was reflected in the feedback we received from both people who used the service and their relatives.
- People receiving a service said they felt safe, with staff demonstrating a good understanding about how to protect people from the risk of harm.
- Staff were recruited safely, with appropriate checks carried out to ensure there were no risks presented to people using the service.
- There were enough staff to care for people safely and people told us staff always arrived to deliver their care. When staff were going to be late they were kept informed by the service.
- People received their medication as prescribed where this support was required.
- Staff received the training and support they needed to carry out their roles competently. They had regular supervisions and annual appraisals and received good support from management. This enabled staff to provide safe and effective care for people.
- People received the support they required to eat and drink at meal times. Staff recognised the importance of food and fluids and encouraged people with these to promote good health and well-being.
- People who used the service and relatives made positive comments about the care provided. The feedback we received from people we spoke with was that staff were patient, kind and caring in their approach. People told us that staff often went over and above what was required of them.
- People were treated with dignity and respect and staff promoted their independence as required.

- People knew how to make a complaint. There was a complaints process in place. No formal complaints had been received at the time of this inspection although we saw that some concerns raised with management informally had been addressed.
- Appropriate systems were in place to monitor the quality of service being provided, with a variety of audits, spot checks, reviews and competency assessments used to check the quality of service being provided.
- We received positive feedback about the management and leadership of the agency. Everybody we spoke with said they would recommend the service. Staff said they felt valued and supported and could approach the registered manager and care manager with any concerns they had.

Rating at last inspection:

At the last inspection of Academy Homecare Services the service was rated good (published 16 May 2016).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information and intelligence we receive about the service to ensure good quality care is provided to people. We will return to re-inspect in line with our inspection timescales for 'Good' rated services, however if any further information of concern is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was Safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was Effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was Caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was Responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was Well Led.

Details are in our Well Led findings below.

Good ●

# Academy Homecare Services

## **Detailed findings**

### Background to this inspection

**The inspection:** We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection team consisted of one adult social care inspector and an expert by experience (EXE). An EXE is a person who has personal experience of using or caring for someone who uses this type of care service.

**Service and service type:** Academy Homecare Limited is a domiciliary care service. People receive care and support in their own homes from staff who work for the service. CQC does not regulate the buildings in which people live, therefore this would not form part of our inspection.

The service had a manager at the time of the inspection, who was appropriately registered with the CQC.

**Notice of inspection:** We carried out this comprehensive inspection on 28 March 2019. The inspection was announced 48 hours prior to our visit in line with our inspection methodology to ensure it could be facilitated on this day by the registered manager. Inspection site visit activity started and ended on 28 March 2019. We visited the office location on 28 March 2019 to see the registered manager and office staff, to review care records and policies and procedures. We also spoke with people and their relatives on the telephone to gather their views on the service.

**What we did:** Prior to the inspection we reviewed information and evidence we already held about the service, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the service. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who worked closely with the service. We received no information of concern.

During the inspection we spoke with the registered manager, the care manager, two care co-ordinators and two care staff. We spoke with seven people who used the service and five relatives.

We reviewed records relating to the care people were receiving, including four care plans and risk assessments and medication administration records (MARs). We reviewed other records relating to the running of a domiciliary care agency including; three staff personnel records, records of training and supervision, policies and procedures and audits of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and relatives we spoke with, told us they received safe care. One person receiving a service said, "They help me with showering. I could easily slip otherwise. I am very happy with them." A relative told us how care workers supervised their family member when mobilising and said, "They put out a hand to guide [person's name]. They provide reassurance."
- The service had safeguarding policies and procedures in place which were accessible to staff. Processes were in place for safeguarding concerns to be promptly reported to the local authority and other key agencies and action taken to ensure people's safety.
- Staff confirmed they had completed training in safeguarding vulnerable adults from abuse. Staff were aware of the types of abuse and knew what to do if they witnessed abuse or an allegation of abuse was made to them.

Assessing risk, safety monitoring and management

- People who used the service had appropriate risk assessments in place covering aspects such as mobility, medicines, fire safety and the environment. Where risks were identified, there was guidance and instructions for staff about how risks posed to individuals should be mitigated.
- Risks were monitored and where needed other professionals were involved, for example social workers and occupational therapists. We saw reviews of risk assessments and plans were undertaken when required, for example following a change in need.
- The provider was aware of their responsibilities to notify CQC of serious injuries but there had been no incidents to report.

Staffing levels and staff recruitment

- An electronic rostering system was used and this enabled managers to schedule call visits and allocate staff at the required times. Feedback we received from staff was positive and they told us rotas were 'well managed'.
- Enough staff were deployed to safely meet people's needs. People confirmed there were enough staff. People told us staff were reliable and did not rush. One person said, "They come as near as possible to the times unless there is an emergency. They are brilliant. I always know they are going to come."
- Staff were recruited safely and we found all relevant checks were carried out prior to them commencing their employment. We looked at recruitment files for four staff, two of whom had been recruited since our last inspection in March 2016. All the files contained the required documents relating to safe recruitment practice.

Using medicines safely

- Most people receiving a service from Academy Homecare did not require medicines to be administered. People were able to self medicate or family members helped with this. Where people did require this support, effective systems were in place to ensure people's medicines were administered safely.
- Records we saw and comments we gathered from people using the service and their relatives confirmed medicines were administered safely and in a timely manner.
- Staff were trained to ensure they were competent in medicine administration and people's medicines were administered at appropriate times. These competencies were checked at regular intervals. Staff displayed a good understanding about how to ensure people received their medicines safely. One member of staff we spoke with outlined the steps they would take if a person repeatedly refused medicines, so that people were kept safe from harm.
- Staff supported some people with 'when required' (PRN) medicines. Protocols or detailed instructions for the administration of 'as required' medicines were in place.

#### Preventing and controlling infection

- Staff demonstrated their understanding of good hygiene practice and told us how they used personal protective equipment (PPE) such as aprons and gloves to keep people safe. People we spoke with during the inspection told us staff wore aprons and gloves when assisting them with personal care. Training records we looked at confirmed staff had received appropriate training.
- There was a good supply of PPE available in the office for staff to collect and we saw staff doing so.

#### Learning lessons when things go wrong

- The registered manager could evidence that service improvements had occurred when things had gone wrong or when processes or practice could be improved.
- Since our last inspection the registered manager had introduced a specific chart to record any medicines given on a PRN basis. This had improved the recording of these and provided a clear audit trail for the registered manager of when PRN medicines had been given and by whom.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

### Staff skills, knowledge and experience

- Staff completed regular training to ensure they had the knowledge, skills and support to carry out their roles. People we spoke with considered staff were well trained and competent. We received positive comments about the capabilities of staff including, "They know their job. They always keep written records of everything", "They seem very well trained" and "They are so efficient. They get the job done."
- A robust induction was provided when staff first commenced employment to ensure they had a thorough understanding of what was required within their role. Staff spoke positively of the training provided. Staff told us about the elements of mandatory training that had to be completed, such as safeguarding, medicines and health and safety. There was also the opportunity to complete additional workbooks to gain extra knowledge on a specific area of care, for example dementia or skin care. Some staff were learning basic sign language. This meant they were better equipped to communicate with people who could not communicate verbally or who had hearing loss.
- Staff supervisions were carried out every two to three months. Staff told us they could raise any concerns they might have about people during supervisions as well as discussing training requirements, rota issues or any personal matters. Appraisals had been done for staff working for the service in post for over 12 months.

### Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
  - Care plans we looked at took into account people's current capacity. Staff had completed MCA training and demonstrated a good understanding about how to support people with their decision-making capabilities if there were any concerns.
- Written consent was obtained from people and recorded in their care plan regarding the care they received. People confirmed they were consulted and their consent was sought prior to support being offered.
- The registered manager was aware of any lasting power of attorney (LPA) authorisations that were in place. An LPA enables a person to give another person the right to make decisions about their health and welfare and or financial matters.

### Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The care and support people needed to receive from staff had been captured as part of the initial assessment process and was recorded within people's care plans. This was done following a referral from the local authority, who in most cases, were responsible for funding the packages of care.

Supporting people to eat and drink enough with choice in a balanced diet

- Where people required support with their nutrition and hydration this was clearly recorded in their care plan, along with details about people's favourite choices of meals. People told us and records confirmed that choices were offered. One person we spoke with said, "I can choose what I want to eat. I have a cooked breakfast. They always check the cupboards and get the shopping for me."
- Staff recognised the importance of food and fluids and encouraged people with these to promote good health and well-being. A relative told us their family member was kept well hydrated. Water and drinks were always left within their reach when staff left. Another person told us that care workers always looked in the fridge to check that all food items were within date.

Supporting people to live healthier lives, access healthcare services and support

- People's care plans provided an overview of their health and any specific conditions they had. The service also worked closely with other health professionals as required such as doctors, district nurses and speech and language team (SaLT) professionals. Staff had completed training around percutaneous endoscopic gastrostomy (PEG), delivered by nursing staff. This meant staff could effectively support people who were not able to have an oral intake of food, for example due to swallowing difficulties or a specific health condition.
- People and their relatives told us how observant care workers were and how they responded quickly to any signs of ill health, in order to promote people's well-being. Relatives described staff as being 'well informed' about medical matters and provided examples of when staff had raised concerns with them and prompted appointments with a GP or a district nurse.

Adapting service, design, decoration to meet people's needs

- Academy Homecare Services provides a service to people in their own homes therefore this key line of enquiry was not applicable. Staff we spoke with however were mindful of checking people's living environments for any slip or trip hazards, which they would then report to a manager or a person's relative.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported and ensuring people's equality and diversity needs are respected

- People and their relatives spoke positively about the standard of care provided. Staff were described as being patient, kind, caring and considerate in their approach. One relative told us, "They [staff] are good and gentle. They know how to handle [person's name]." Another person told us, "They [staff] talk to me and they listen. When I was upset [staff member] put her arm around me and was very kind."
- People's equality, diversity and human rights needs were taken into consideration when providing care. Staff we spoke with were aware of aspects of diversity, for example different cultural backgrounds, languages spoken and the foods people might choose to eat.
- The provider told us they asked people about any support needs relating to protected characteristics such as age, sex, disability or sexual orientation as part of their assessment process. Care and support was provided according to people's wishes. Care practices were not discriminatory.

Supporting people to express their views and be involved in making decisions about their care

- People received care in line with their wishes from staff who knew people well and what they wanted.
- Reviews of people's care took place either annually or following a change in need. People who used the service were fully involved in this process. Their family members were able to contribute towards reviews of the care provided, if this was the person's choice.
- People were sent annual satisfaction questionnaires, seeking their views and opinions about the service. Feedback was also sought from people and their relatives during visits to their property, for example when reviews of care were carried out or spot checks of staff.

Respecting and promoting people's privacy, dignity and independence

- People told us staff always treated them with dignity, respect and gave them privacy if they needed it. People told us staff never made them feel uncomfortable or embarrassed. One relative told us, "They [staff] chat while they do it [personal care]. [Relative] thought they would be embarrassed but they put [name] at ease and they feel comfortable."
- Similarly, people and their relatives told us staff always gave them the opportunity to be independent with their own care when it was safe to do so. Staff provided guidance and reassurance whilst enabling people to be as independent as possible. One member of staff we spoke with told us, "I always ask people if they want help. One person [name], likes to make their own sandwich so I let them. It's important to them."
- We noted that at the time of our inspection the provider was not employing any male care staff. The registered manager told us this had not been a problem as no-one using the service had stated a preference for care from a male member of staff. They recognised that best practice was to offer choice in relation to the gender of care workers and planned to try and recruit male care workers in the future.

# Is the service responsive?

## Our findings

Responsive - this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

### Personalised care

- People who used the service had their own care/support plan in place and we reviewed four of these during the inspection. Care plans were person-centred. This meant that care and support was tailored to individual needs and preferences.
- Staff we spoke with knew the people using the service well. Where people had specific support needs these were identified and recorded in their care plans.
- Care plans included appropriate equality and diversity information, details of people's specific communication needs and any impairments, such as sight or hearing loss. Staff were provided with details about how best to communicate effectively with people. This helped to ensure the service met the Accessible Information Standard (AIS), introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.
- People and their relatives said that the service was responsive and flexible if they had to ask for any changes to their care. One person told us, "If I let them know in advance they can do it. It has worked so far." Another said, "Occasionally I have had to cancel a call or ask them to come at a different time and they have been flexible." A relative told us how the service had responded to an urgent request and told us, "One time I needed them to come earlier. My [relative] was in pain so I asked if they could come earlier and they did. They are as flexible as they can be."
- People's likes, dislikes and what was important to the person were recorded in their care plans. Staff knew about the types of things people enjoyed doing and what was important to them. A member of staff we spoke with told us how one person was supported to shop at their preferred supermarket and grocers, which meant a drive across town.

### Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and information about how to make a complaint was provided to them in a service user guide. A complaints policy set out how people could expect their complaint to be handled, and how to escalate their concerns if they were not satisfied with the outcome from the provider.
- No formal complaints had been made to the service at the time of this inspection. One relative told us, "There have been a few glitches but I was able to raise the issues and they were resolved. They [the management] are approachable."
- Everyone we spoke with told us they would feel comfortable raising a complaint if they were unhappy with any aspect of the service. They were confident they would be listened to. People said that they knew to contact the registered manager or the care manager deputy if they had any queries or requests.

### End of life care and support

- The service had experience of providing end of life care. The registered manager told us they would work

alongside any external professionals, such as palliative care teams and district nurses, to support people with the care they wanted and needed when approaching the end of life.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility

- People we spoke with were positive about the staff team and the way the service was run. They told us communication with the service was good and that the registered manager and other managers within the organisation were approachable. Comments included: "The manager [name] came out to check on things", "We're very happy with things", and "They are good at communication. I have been in and talked to them several times."
- Several people remembered having one or more visits from a manager to check up on their care, or filling in a questionnaire asking for their feedback. Everyone we spoke with said that they would recommend Academy Homecare Limited to others.
- A range of quality assurance systems were implemented to ensure the quality of service was being monitored effectively. These included audits of medication, care plans and reviews of care both by telephone and face to face. Spot checks, supervision and observations of staff were in place, along with competency assessments of staff in relation to the administration of medicines.
- Staff we spoke with were positive about how the service was managed and told us they felt fully supported by the registered manager and other senior members of staff.
- The organisation provided various staff benefits to show that their contribution to the service was valued. These included guaranteed contracted hours, extra annual leave based on long service, paid travel times and uniforms. Staff we spoke with during the inspection felt appreciated and staff morale was high.

Continuous learning and improving care

- Information obtained from the audits and spot checks of staff was used to drive improvements. The service had recently introduced the role of 'responders'. These were care staff who could respond in an emergency, for example should a care worker be absent due to sickness. This meant that there was minimum disruption for people receiving a service as care continued to be provided.
- The registered manager told us of their ideas to expand the service. There was land to extend the current premises and potentially create a small community hub. This was something the registered manager planned to explore in the future.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, they are Registered Persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act

2008 and associated Regulations about how the service is run.

- The registered manager was aware of the necessity to submit statutory notifications to CQC and to also notify the local safeguarding team of any potential abuse. This meant we could respond accordingly to the information and determine if further action was required.
- People at all levels understood their roles and responsibilities and both the registered manager and the care manager were accountable for staff and understood the importance of their roles.
- Since April 2015, it has been a legal requirement to display performance ratings from the last CQC inspection. Prior to the inspection we noted that the ratings from the last inspection were not displayed on the Academy Homecare Limited (the provider) website. We raised this with the registered manager who was not aware of the legal requirement. The rating was added to the website before the end of our inspection. There were plans to update the website in the near future.

Working in partnership with others

- The agency continues to work in partnership with other healthcare professionals such as GPs, district nurses and occupational therapists.
- Managers and staff were aware of local carer groups and agencies that people could refer to for additional help and support and shared this information with people and their relatives.

We will continue to monitor the service to ensure that the improvements found at this inspection are sustained and we will re-inspect in line with CQC timescales.